

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90081 026 ****61.25

DOCUMENT # N94000004621

1. Entity Name

THE WILLIAM T. MOORE FAMILY FOUNDATION, INC.



Principal Place of Business

**2005 N. HALIFAX AVENUE
DAYTONA BEACH FL 32118**

Mailing Address

**2005 N. HALIFAX AVENUE
DAYTONA BEACH FL 32118**

90017025



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

P.O. Box 305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach FL

4. FEI Number **59-3268795**

Applied For

Not Applicable

Zip

Country

32176

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, WILLIAM T
2005 N. HALIFAX AVENUE
DAYTONA BEACH FL 32118**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MOORE, WILLIAM T	2005 NORTH HALIFAX	DAYTONA BEACH FL 32118	<input type="checkbox"/>
D	MOORE, KAY D	2005 NORTH HALIFAX	DAYTONA BEACH FL 32118	<input type="checkbox"/>
D	MOORE, WILLIAM T III	1301 OAK FOREST DR	ORMOND BEACH FL 32174	<input type="checkbox"/>
D	MOORE, MOLLY	117 PINE TREE DR	ORMOND BEACH FL 32174	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *(Signature)* **SIGNATURE REQUIRED**